

Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

Name of Facility			Permit Num	ber	
Month	Year		n Flow mgd	Telephone	Number
Certified Operator: Nan	ne	Class	Certificate	Number	Expiration Date

Substitute for State Form 10829 (R/1-2003)

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ا ا						>	CI	HEMICA	LS				RAW	SEWAG	E .			
		only)				flov		USED										
Day Of Month	Day of Week	Man-Hours at Plant (Plants less than 1 MGD only)	Air Temperature	Precipitation - Inches	Bypass At Plant Site ("x" If Occurred)	Collection System Overflow ("x" If Occurred)	Chlorine - Lbs/Day	Lbs/Day or G Gal./Day G	Lbs/Day or Gal./Day	Total Flow MG	Нd	CBOD5 - mg/l	CBOD5 - lbs	Susp. Solids - mg/l	Susp. Solids - Ibs	Phosphorus - mg/l	Ammonia - mg/l	
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE	OF CERTIFIED OPERATOR)	(DATE

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)

(DATE)

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	ewate	r Treat			For Month Of	:	Year			(SIGIV	AIURE O	F CERTIFI	ED OPEN	ATOK)		(DATE)
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		PRIMAR'							SECONDARY FINAL EFFLUENT EFFLUENT							
	LITEGENI						_					_				
Day Of Month	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Total Flow to Filter - mgd	Biological Growth (L)ight, (N)ormal, (H)eavy	Load Cell Weight - 1000 lbs.	Dissolved Oxygen After 1st Stage	CBOD5 - mg/l	Susp. Solids - mg/l	Dissolved Oxygen - mg/l	Residual Chlorine - Contact Tank	Residual Chlorine - Final	E. Coli - colony/100 ml	Hd	Dissolved Oxygen - mg/l	Phosphorus - mg/l
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Comm	ents for t	he Month	(major re	epairs, bre	akdowns,	process	upsets an	id their ca	auses, inp	olant treati	ment proc	cess bypa	ss, etc.):			

Monthly Report of Operation Trickling Filter or RBC

Wastewater Treatment Plant

Name of Facility	Permit Number	For Month Of:	Year

(SIGNATURE OF CERTIFIED OPERATOR)

(DATE)

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(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT) (DATE)

			_			FI	NAL EF	FLUENT									
	FI	ow		BO	OD		Tota	al Suspe	nded So	olids		Amn	nonia		Oth	ner	
Day Of Month	Effluent Flow - MG	Effluent Flow Weekly Average	CBOD5 - mg/l	CBOD5 - mg/l Weekly Average	CBOD5 - lbs	CBOD5 - Ibs/day Weekly Average	Susp. Solids - mg/l	Susp. Solids - mg/l Weekly Average	Susp. Solids - Ibs	Susp. Solids - Ibs/day Weekly Average	Ammonia - mg/l	Ammonia - mg/l Weekly Average	Ammonia - Ibs	Ammonia - Ibs/day Weekly Average			
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	Total Monthly Flow:				
Percent Removal	BOD5	S.S.	Ammonia	Phosphorus	(million gallons)
Primary Treatment					
Secondary Treatment					Percent Capacity
Tertiary Treatment					(actual flow/design)
Overall Treatment					

Monthly Report of Operation Trickling Filter or RBC Wastewater Treatment Plant

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(SIGNATURE	OF CERTIFIED OPERATOR)	
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(Date)

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Year

(SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT)

(Date)

rage 4	SLUD	GE TO	for State i	01111 1002	0 (101 200	0)	DIGESTER OPERATION							
	SLUD DIGE	STER	Ana	erobic (Only		5.5					_		
Day Of Month	е	Secondary Sludge Gal. x 1000	Hd	Gas Production Cubic Ft. x 1000	Temperature - F	Supernatant Withdrawn hrs. or Gal. x 1000	Supernatant BOD5 mg/l or NH3-N mg/l	Total Solids in Incoming Sludge - %	Total Solids in Digested Sludge - %	Volatile Solids in Incoming Sludge - %	Volatile Solids in Digested Sludge - %	Digested Sludge Withdrawn hrs. or Gal. x 1000		
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Send completed forms by the 28th of the month to:
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY, DATA MANAGEMENT SECTION
P.O. BOX 6015
INDIANAPOLIS, INDIANA 46206-6015